

**THE UNIVERSITY OF LOUISIANA AT LAFAYETTE  
LAFAYETTE, LOUISIANA**

**FILE NO. 10003**

**PROPOSAL FOR FURNISHING**

**STUDENT BODY MEDICAL AND ACCIDENTAL GROUP INSURANCE PLAN**

Proposals will be received up to **5/11/2010 2:00 PM** by the University of Louisiana at Lafayette, Lafayette, Louisiana. Proposals will not be received after specified hour and date. At specified hour and date, the proposals will be publicly opened and read aloud in Room 123, Martin Hall on the University campus, 104 University Circle, Lafayette, LA.

**This is a *Competitive Sealed Bid*. Bid must be received by the due date and time in the Purchasing Office at the University of Louisiana at Lafayette, 104 University Circle, Martin Hall, Room 123, Lafayette, LA, 70503. Bid is to be in a SEALED ENVELOPE with the BID NUMBER and DUE DATE ON THE OUTSIDE OF THE ENVELOPE.**

Complete details governing the policies and procedures to be followed in responding to the request for proposal are contained in the attachment.

All inquiries regarding this request shall be directed to:

Marelle Yongue, M.D.  
Student Health Services, Director  
University of Louisiana at Lafayette  
P.O. Box 43692  
Lafayette, LA 70504-3692  
Phone: 337-482-6826

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**TO: University of Louisiana at Lafayette  
Purchasing Office, Martin Hall Room 123  
104 University Circle  
P O Box 40197  
Lafayette LA 70504 0197  
Fax – 337-482-5059**

To Whom It May Concern:

The undersigned certifies that he/she has (or they have) carefully examined the instructions, policies and procedures and agrees to comply with same; on the basis of the request, the undersigned proposes the attached plan at the price stated.

FIRM NAME: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

(By signing this proposal, proposer certifies compliance with L.R.S.39:1594, Act 121 of 1997.)

NAME (Printed) \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_

DATE: \_\_\_\_\_

## **GENERAL CONDITIONS, INSTRUCTIONS, SPECIFICATIONS, POLICIES AND PROCEDURES**

**OBJECTIVE:** ***DOMESTIC and INTERNATIONAL STUDENTS....*** Provide medical and accidental insurance coverage for the *domestic and international students* of the University of Louisiana at Lafayette beginning **August 18, 2010.**

### **WITH PRE-EXISTING CLAUSE**

**BASE BID** For a three (3) year period from **August 18, 2010 through August 17, 2013**

Based upon mutual agreement between the University and the successful bidder, this contract may be extended for **TWO (2) additional twelve (12) month periods** at the same prices and terms. Both parties must agree to any extension, and the decision must be made by **December 15<sup>th</sup>** of the year prior to each renewal.

**ALTERNATE** For a one (1) year period from **August 18, 2010 through August 17, 2011**

Based upon mutual agreement between the University and the successful bidder, this contract may be extended for **FOUR (4) additional twelve (12) month periods** at the same prices and terms. Both parties must agree to any extension, and the decision must be made by **December 15<sup>th</sup>** of the year prior to each renewal.

### **WITHOUT PRE-EXISTING CLAUSE**

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### **SUBMITTAL OF PROPOSALS:**

The bidder must submit this proposal on the form herein provided with the blanks filled for each and every item. The bidder must state the prices (written in ink or typed). Each page is to be initialed or signed where requested. Proposals may be rejected if they show additions not called for, conditions or alternate bids, or for incomplete bids. The proposals shall then be sealed and delivered to the University of Louisiana at Lafayette, Martin Hall, Room 123, 104 University Circle or mailed to P.O. Box 40197, Lafayette, Louisiana 70504-0197, before the time set for receiving proposals as entered on the front sheet hereof. Proposals received after the time set will be returned to the bidder unopened.

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### **CRITERIA TO BE USED IN DETERMINING AWARD:**

1. The University shall award both Domestic and International Insurance plans to a single vendor.
2. Bidder confirms to all material in respect to the invitation and Instructions to Bidders.
3. The University will not be required to accept the lowest bid. In addition to gross premium, financial strength of the company and coverage rendered will serve as a basis for award of the contract.

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### **REJECTION OF BIDS:**

The University of Louisiana at Lafayette reserves the right to reject any and all bids and to waive any informalities incident thereto. The University does not obligate itself to accept the lowest or any other proposal.

NO BIDS MAY BE WITHDRAWN AFTER OPENING HOUR AND DATE AS SHOWN ON COVER PAGE. BIDS MAY BE REJECTED IF ALL PAPERS ARE NOT INCLUDED, SUCH AS THE PROPOSAL SHEETS, INSTRUCTIONS TO BIDDERS, CONDITIONS, SPECIFICATIONS, SCHEDULE OF ITEMS, ETC.

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### **METHOD OF ENROLLMENT:**

The method of enrollment of each student in the group insurance plan will be as follows:

#### Domestic

All *under-graduate registered students* carrying seven (7) hours in the spring and fall and four (4) hours in the summer and all *graduate students* carrying six (6) hours in the spring and fall and three (3) hours in the summer will be assessed the cost of the insurance plan per semester and will pay this amount at the time of registration.

This policy will be made available for those registered students who do not meet the above qualifications and are not included in the list of **exclusions**, by paying the appropriate premium.

Students enrolled in the spring and planning to continue in the fall semester may be covered in the period between the spring semester and fall semester by paying the appropriate premium during the summer semester enrollment period, thereby avoiding a break in coverage.

The University of Louisiana at Lafayette will review any request for exemption.

#### International

All *F-1 - non immigrant international students*, regardless of the number of hours enrolled, will be assessed in their tuition the *International Student Insurance Fees*. Students enrolled for the preceding semester will be covered by the policy during the semester break if the student registers for the following

semester. Students registering in the spring and planning to continue in the fall will be considered a continuing student; in order to keep the policy enforced, they must pay the summer premiums.

Each semester a refund will be considered for those international students with documented insurance coverage by their Sponsors.

Coverage **must be provided** for compliance with *J-1 International Exchange Visitor regulation /J-2 Dependents* at \$75,000 maximum major medical and required repatriation and relocation allowances. **This is not to be considered a bid item.** This same policy shall be made available to *F-1 – non immigrant international students* as an optional policy. See sample of minimum benefits.

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### **QUALIFICATIONS OF BIDDERS:**

The Bidder shall submit, as part of this bid, proof of the following:

1. Evidence of successful operation in providing insurance coverage at other universities for at least the last five (5) years.
2. Evidence of sufficient net worth to be able to meet the requirements of the plan as outlined.
3. A list of Universities and Colleges, which are served at the present time, with the number of students, insured at each institution.
4. A list of Universities and Colleges to whom bidder has provided *accident* and *sickness* insurance for *international* students.
5. Best's Key Rating Guide rating of A- or better, which includes A, A+, and A++.
6. Evidence the insurance company is authorized to do business in the State of Louisiana.
7. Evidence the agent or agency submitting the proposal is licensed to do insurance business in the State of Louisiana.
8. Evidence the following information pertaining to the Managing General Agency (MGA) is stated:
  - a. Years in business writing this program;
  - b. Number of years MGA has used present insurance carrier in the program.
9. "Insurance Company Declaration", as outlined below.

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### **INSURANCE COMPANY DECLARATION:**

Please reply to the following. All items must be answered and all forms requested must be submitted with bid.

1. Name of insurance company.
2. Insurance company's address.

3. Insurance company's telephone number, toll free and/or collect.
4. Best's policyholder's rating.
5. Best's financial size category classification.
6. List of each university or college insured during previous school year and attach a separate form listing the name for each university or college; approximate premium volume for each university or college; and the name and title of the administrator at each school responsible for the student health program. Denote those schools, which have been insured for three (3) years or more. Individual schools may be contacted.
7. If the insurance company is paying claims, please provide/answer the following:
  - a. List the location of the office where claims will be paid;
  - b. List the name, title, telephone number, and years of experience in administering student claims, of the persons responsible for the claim service;
  - c. List toll free number or a number that can be used to call collect by the University in reference to any claim, questions, or problems;
  - d. Will claims' office provide copies of all claims status to the University?
  - e. Will claims' office provide information on all claims rejected and the reason(s) for the rejection?
  - f. What is the average time for a claim to be processed after the date the insurance company receives it?
8. What are the insurance company's procedures in processing claims when notice of claim is submitted beyond the policy time limit?
9. What are the insurance company's procedures in processing claims when written proof of loss is submitted more than ninety (90) days after the date of such loss?
10. Will the insurance company furnish the school with a monthly listing of all claims paid, including:
  - a. Claim
  - b. Insured's name
  - c. Date of claim incurred
  - d. Date of claim paid
  - e. Amount of claim
  - f. Company paid
11. Provide copies of all claim forms necessary for payment of claims, for both *sickness* and *accident*, in the form of a 'hard copy' to be made available to the Insurance Office at the Student Health Service, and to have the availability of 'on line' access with either providing claim forms or submittal of claim forms.

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**SIGNATURE AUTHORITY:**

In accordance with L.R.S.39: 1594 (Act 121 of 1997), the person signing this bid must be:

1. A current corporate officer, partnership member or other individual specifically authorized to submit a bid as reflected in the appropriate records on file with the Secretary of State; or
2. An individual authorized to bind the Company as reflected by an accompanying corporate resolution, certificate, or affidavit.

By signing the bid, the bidder certifies compliance with the above.

## **REPORTING TO THE UNIVERSITY:**

Upon request but no more than monthly, the Company shall report to the University, in a manner acceptable to the University, details on each claim received by the Company. These details shall include:

1. Date of receipt of claim.
2. Amount being claimed, itemized by each vendor.
3. Any payments made, and where differences of amount claimed and payments made to be clearly indicated.
4. Grand total of amount claimed, and grand total of payments made, itemized by vendor.
  - a. Upon request, the Company shall provide to the University, a statement of experience for the University.
  - b. This statement must be in such detail as to indicate what is included in the phrase 'loss ratio' and be itemized so as to report all claims whether incurred or pending and any provision for incurred but not reported, claims paid, and any administrative or overhead which is included in the 'loss ratio':
    - i. Total number of students enrolled per semester
    - ii. Enrollment by age
    - iii. Total Benefits paid by Diagnosis, by listing in columns
      1. Diagnosis group
      2. Dollar amount of Benefits paid
      3. % of total
    - iv. Total Benefits paid by Benefit Group, by listing in columns
      1. Benefit Groups
        - a. Accidental Death and Dismemberment
        - b. Medical evacuation and repatriation (if appropriate)
        - c. Accident
        - d. Maternity
        - e. Mental Health
        - f. Motor Vehicle
        - g. Sickness
      2. Dollar amount of Benefits paid
      3. % of total
    - v. List the 25 largest providers by the dollar amount paid, by listing in columns
      1. Provider name
      2. Number of claims
      3. Dollar amount paid
    - vi. Claims arranged by size, by listing in columns:
      1. Number of claims
      2. Category
        - a. Claims pending
        - b. No benefits
        - c. \$ 1 – 99

- d. \$100 – 250
    - e. \$251 – 1,000
    - f. \$1,001 – 2,500
    - g. \$2,501 – 5,000
    - h. \$5,001 – 7,500
    - i. \$7,501 – 15,000
    - j. \$15,001 – 25,000
    - k. > \$25, 001
  - 3. Dollar amount paid
- vii. Monthly breakdown of claims, by listing in columns:
  - 1. Policy month / year
  - 2. Actual premium paid YTD
  - 3. Total projected premium
  - 4. Claims paid YTD
  - 5. Claims 'Incurred But Not Reported' YTD
  - 6. Expense Factor
  - 7. Total Claims paid and expenses
  - 8. % Total Claims and expenses to Total projected premium

- 5. The Company shall have printed, at their expense, a brochure (**sample of current brochure can be viewed at the following link, click "Your Coverage". <http://www.bollingercolleges.com/ullafayette/> The current brochure is for reference only. All information in the bid is to be the primary source of information.**), which explains to the students the extent of the coverage of this policy. The layout and contents of this brochure must be approved by the University so as to ensure that all pertinent data is included. This brochure is to be made available to the Insurance office at the Student Health Service by April 15<sup>th</sup> of the bid year and by February 15<sup>th</sup> each year thereafter. The Company is to provide enough brochures to accommodate one hundred percent (100%) of the fall enrollment and twenty-five percent (25%) of the spring enrollment.
- 6. The Company will provide a toll free line or accept collect calls from the University of Louisiana at Lafayette representative and/or students in reference to claims, invoicing, payments or other problems or questions in regard to this contract, for the life of the contract.

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### **GENERAL STUDENT COVERAGE:**

Protection is to cover registered domestic students and F-1 non-immigrant international students, and the J-1Exchange Visitors and their J-2 dependents of the University of Louisiana at Lafayette at home, school, or while traveling for twenty-four (24) hours a day throughout the school year, provided (s)he is enrolled on a continuous basis.

Coverage shall be on a *continuous basis* commencing three (3) days prior to the opening of the fall semester and ending at the close of the third day after the end of the summer semester. The coverage is to be in effect during the interim semester break periods.

Effective and termination date on a *non-continuous basis* include six (6) days travel time to school and six (6) days travel time returning from school. Protection is to be in effect during all interim vacation and holiday periods during semester.

Coverage will become invalid for students who voluntarily leave school *within* thirty-one (31) days of their effective date of coverage.

Coverage will remain in effect for the applicable semester if a student leaves *after* the thirty-one (31) days of coverage, unless the insured student enters a military service, in which case coverage would terminate upon such entrance. If an insured student would enter the armed forces, the Company will make a pro-rata refund of premium.

In the event a student should resign before the end of the semester as a result of an accident or illness, (s)he will continue to receive benefits for the particular illness / injury until the treatment is completed, or has received payment of the maximum limits, or the time of the policy has expired, whichever comes first.

Benefits are payable for fifty-two (52) weeks from the date of *injury* or the date of first treatment of *sickness*, or to the dollar limits contained in the policy, whichever comes first for the usual and customary charges (U & C) per policy year.

*Injury* means accidental bodily injury which is: 1) directly and independently caused by a specific accidental contact with another body or object; 2) unrelated to any pathological, functional or structural disorder; 3) a source of loss; 4) treated by a Physician within thirty (30) days after the date of the accident. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss, which results wholly or in part, directly or indirectly, from disease, or other bodily infirmity.

*Sickness* means *bodily* sickness, mental sickness or maternity, which is not a pre-existing *condition* and which *loss* occurred while the coverage was in force. *Sickness* includes pregnancy, complications of pregnancy and trauma related disorders due to injuries which otherwise do not meet the definition of an *injury*. All related sicknesses and recurrent symptoms of the same or similar condition would be considered one *sickness*.

*Pre-existing condition* relates to a condition, which has been treated within the previous six (6) months without insurance coverage for that condition and would begin after twelve (12) months of *continuous* coverage. However, if the patient had prior coverage, with documentation, the *pre-existing* rule would not apply.

*Usual and customary charges* (U&C) means charges for medical services or supplies that are legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received. U&C are determined by referencing the 75<sup>th</sup> percentile of the most current survey published by Medical Data Research (MDR) for such services or supplies.

*Elective surgery* means surgery or medical treatment, which is not necessitated by a pathological change occurring after the *effective date* of coverage. Elective surgery includes but is not limited to: tubal ligation; circumcision; vasectomy; breast reduction; sexual reassignment surgery; and services or supplies rendered for the purpose or with the intent of inducing conception; temporomandibular joint dysfunction (TMJ); cosmetic procedures; and submucous resection and/or other surgical corrections for deviated nasal septum other than for treatment of covered acute purulent sinusitis.



*Elective treatment* includes but is not limited to: allergy testing; treatment of acne; biofeedback-type services; infertility; hypnotherapy; learning disabilities; and weight reduction.

*Mandated Benefits* – The plan will pay benefits for specific mandated services in accordance with current Louisiana Insurance Laws under the same circumstances and conditions as for other *diagnosis* and *sicknesses*.

Benefits under this policy are in excess of any other valid and collective insurance coverage.

NOTE: The University cannot provide information regarding the level of any primary coverage in force, except for that information which is available from claim reports.

Company shall make provisions for and accommodate group billings.

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## SPECIFICATIONS FOR DOMESTIC BASIC INSURANCE POLICY

### COVERAGE PLAN:

When a covered *injury* or *sickness* requires treatment by a physician, this policy will provide benefits for fifty-two (52) weeks from the date of the *injury* or the date of first treatment of a *sickness*, for the usual and customary charges (U&C) scheduled below each policy year. This policy will allow benefits for expenses not covered by other valid and collectible coverage.

**Part A:**        ***Basic injury and sickness benefits*** - \$2,500 maximum each *injury* and each *sickness*, subject to the following limits:

- 1)    *Sickness* benefit limits:
  - a)    Inpatient
    - i)     Hospital room and board at \$100 per day.
    - ii)    Hospital intensive care unit in lieu of 1), a), i), at \$200 per day up to ten (10) days.
    - iii)   Hospital miscellaneous at a rate of \$2,250.
    - iv)    Radiation therapy at \$275.
    - v)     Surgical treatment - payable to the 70<sup>th</sup> percentile of the MDR schedule with a maximum of \$1200.
    - vi)    Anesthetist at \$100 per confinement.
    - vii)   Physician's non-surgical visit, paid at \$75 per visit, only one (1) visit per day, up to thirty-five (35) visits.
    - viii)   Registered nurse at U&C.
  - b)    Outpatient
    - i)     Hospital outpatient surgical miscellaneous at a rate of \$2,250.
    - ii)    Surgical treatment - payable to the 70<sup>th</sup> percentile of the MDR schedule with a maximum of \$1200.
    - iii)   Anesthetist at \$100 per confinement.
    - iv)    Physician's non-surgical visit, paid at \$75 per visit, at a rate of one (1) visit per day, begins with the 2<sup>nd</sup> visit, with a limit of 3 visits.
    - v)     Physical therapist / Chiropractor paid under 1), b), iv).
    - vi)    Hospital emergency room, when medically necessary at \$125.
    - vii)   Diagnostic x-rays and laboratory services (*sickness* only) at \$400, not surgically related.
    - viii)   Diagnostic x-rays and laboratory services (*injury* only) not applicable.
    - ix)    Injections administered in physician's office will have no benefits.
    - x)     Student Health Service Benefits - to write on brochure: **various services may be provided, please inquire at the Student Health Service.** A list of those services that will be provided is as follows:
      - (1)    I & D pilonidal cyst - CPT Code 10080 at \$140.
      - (2)    Drainage of skin abscess - CPT Code 10060 at \$100.
      - (3)    Removal of foreign body - CPT Code 10120 at \$120.
      - (4)    Debridement of infected skin - CPT Code 11000 at \$50.
      - (5)    Removal of sutures - CPT Code 15851 at \$20.
      - (6)    Treatment of burns - CPT Code 16020 at \$75.
      - (7)    Destruction of skin lesions - CPT Code 17110 at \$75.

- (8) Application of forearm splint - CPT Code 29125 at \$30.
- (9) Application of finger splint - CPT Code 29130 at \$20.
- (10) Application of ankle splint - CPT Code 29515 at \$60.
- (11) Removal of impacted earwax - CPT Code 69210 at \$45.
- (12) IV therapy up to one (1) hour - CPT Code 96360 at \$100.
- (13) IV therapy each additional hour up to eight (8) hours - CPT Code 96361 at \$45.
- (14) Biopsy, skin lesion - CPT Code 11100 at \$75.
- (15) Excision of a benign lesion - CPT Code 11400 at \$110.
- (16) Excision of nail/ nail matrix - CPT Code 11750 at \$300.
- (17) Sutures:
  - (a) CPT Code 12001 at \$150.
  - (b) CPT Code 12002 at \$175.
  - (c) CPT Code 12011 at \$200.
  - (d) CPT Code 12013 at \$225.
  - (e) Pregnancy test only for diagnostic/medication use at \$10 / test.
- (18) Colposcopy procedures:
  - (a) Colposcopy cervix - CPT Code 57452 at \$300.
  - (b) Colposcopy cervix with biopsy - CPT Code 57454 at \$350.
  - (c) Colposcopy vaginal - CPT Code 57420 at \$300.
  - (d) Colposcopy vaginal with biopsy - CPT Code 57421 at \$350.
  - (e) Colposcopy vulva - CPT Code 56820 at \$300.
  - (f) Colposcopy vulva with biopsy - CPT Code 56821 at \$350.

c) Other:

- i) Ambulance services to include ground service only at \$175.
- ii) Braces and appliances paid under *injury*.
- iii) Consultant physician, when requested by attending physician at \$150.
- iv) Dental treatment paid under *injury*.
- v) Mental and nervous disorders as an inpatient and paid same as any *sickness*.
- vi) Maternity benefits to be paid same as any *sickness* and only if conception occurs while the coverage is in force
- vii) Motor vehicle injury paid under *injury*.
- viii) Mammography as state mandated with benefits based on the following schedule:
  - (1) One basic mammogram for any woman who is thirty-five (35) through thirty-nine (39) years of age.
  - (2) One mammogram every twenty-four (24) months for every woman who is forty (40) through forty-nine (49) years of age, or more frequent if recommended by her physician.
  - (3) One mammogram every twelve (12) months for any woman if fifty (50) years of age or older.

2) Injury benefit limits:

a) Inpatient

- i) Hospital room and board at \$100 per day.
- ii) Hospital intensive care unit in lieu of 2), a), i). at \$200 per day up to ten (10) days.
- iii) Hospital miscellaneous at a rate of \$2,250.
- iv) Radiation therapy at U&C.

- v) Surgical treatment - payable to the 70<sup>th</sup> percentile of the MDR schedule with a maximum of \$1200
- vi) Anesthetist at twenty-five percent (25%) of the surgical treatment.
- vii) Physician's non-surgical visit, paid at \$75 per visit, only one (1) visit per day, up to thirty-five (35) visits.
- viii) Registered nurse at U&C.
- b) Outpatient
  - i) Hospital outpatient surgical miscellaneous at a rate of \$2,250.
  - ii) Surgical treatment - payable to the 70<sup>th</sup> percentile of the MDR schedule with a maximum of \$1200.
  - iii) Anesthetist at twenty-five percent (25%) of the surgical treatment.
  - iv) Physician's non-surgical visit, paid at \$75 per visit, at a rate of one (1) visit per day, beginning with the 2<sup>nd</sup> visit, with a limit of three (3) visits.
  - v) Physical therapist / Chiropractor paid under 2), b), iv).
  - vi) Hospital emergency room, when medically necessary at \$125.
  - vii) Diagnostic x-rays and laboratory services (*sickness* only) not applicable.
  - viii) Diagnostic x-rays and laboratory services (*injury* only) at \$450.
  - ix) Injections administered in physician's office U&C.
  - x) Student Health Service Benefits - to write on brochure: **various services may be provided, please inquire at the Student Health Service.** A list of services that will be provided is delineated above in 1), b), x).
- c) Other:
  - i) Ambulance services to include ground service only at \$175.
  - ii) Braces and appliances at U&C.
  - iii) Consultant physician, when requested by attending physician at \$150.
  - iv) Dental treatment at \$150/tooth, up to \$450.
  - v) Mental and nervous disorders paid under *sickness*.
  - vi) Maternity benefits paid under *sickness*.
  - vii) Motor vehicle injury payable up to \$1,500.
  - viii) Mammography paid under *sickness*.

**University of Louisiana at Lafayette Student Health Services (SHS) Billing Procedure for Lab work:** SHS collects specimens and pays an external laboratory monthly for all lab services. SHS then files claims for lab charges with the student's primary or secondary insurance carrier for reimbursement.

**Part B: Major medical benefits are coupled with Part A**, the basic plan, such that once the basic plan has paid \$2,500, the excess incurred expenses will then be paid at eighty percent (80%) of the usual and customary charges, up to \$15,000, as a result of any one *accident/injury* or *sickness* per policy year. No benefits are payable for mental/nervous disorders or dental treatment.

**Part C: Accidental death and dismemberment.** To provide for accidental death or accidental dismemberment for loss occurring within one hundred (100) days from the date of the accident, according to the following schedule:

Accidental death.....	\$2,500.00
Entire sight of both eyes.....	\$2,500.00

Both hands or feet .....	\$2,500.00
One hand and one foot.....	\$2,500.00
One hand or one foot or one eye.....	\$1,500.00
Thumb and index finger on either hand.....	\$ 750.00

All of the above, in addition to dependent coverage, in strict accordance to specifications, conditions, etc.

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### **DEPENDENT COVERAGE:**

Eligible dependents include the spouse residing with the Insured Student and all dependent children (i.e. unmarried children and grandchildren less than 24 years and residing with the Insured Student).

Dependents must be enrolled at the same time and in the same Plan as the Insured Student.

This coverage is to be on a voluntary basis on the part of each student. The University will not assess the student for this portion of the contract. All arrangements and billing for this section are to be made directly between the successful bidder and students.

Coverage will include all the benefits as itemized in the Plan.

Coverage for an Insured Student's newborn child will be effective from the moment of birth and paid according to the Plan. Notification and additional premium for a new born child must be received by the Company within 31 days after the child's birth for coverage to continue beyond this 31 day period.

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### **VISITING GROUPS:**

Mandatory coverage for Summer Camps and other non-UL at Lafayette student groups

HISTORY for the year 2009:

Day Camps (may include men and women: softball, soccer, baseball, track and field, volleyball, football and basketball) and Summer Scholar Program:

- There were a total of **2,157 participants** for this past year with an average of **3.4 days/participant**

Summer Programs:

- Non-bridge

Number

153

Length of camp

7 weeks

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## **EXCLUSIONS:**

This policy will not cover the following:

1. War or any act of war, declared or undeclared. Any *injury* or *sickness* resulting from full-time active duty military service. If an insured student would enter the armed forces, the Company upon request will make a pro-rata portion of the premium.
2. *Injuries* occurring, or *sickness* which reveals itself by symptoms, while the insured is not insured under this policy. However, students shall be covered for pre-existing conditions which occurred prior to the enactment of this policy provided:
  - a. A claim was filed with the previous insurance carrier; or
  - b. The student carried student insurance at the time of the *accident* or *sickness*; or
  - c. The student maintained continuous coverage since the *accident* or *sickness*.
3. *Injury* or *sickness* for which benefits are payable under any Workman's Compensation, or Occupational Disease Act or Law.
4. Air flight, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline.
5. Intentional self-inflicted injuries, including drug overdose, unless such injury results from a medical condition, mental or nervous or substance abuse disorder, or an act of domestic violence; treatment of mental and nervous disorders and substance abuse except as specifically provided in the benefits schedule.
6. Loss incurred while committing or attempting to commit a felony; or loss due to voluntary participation in a riot or civil disturbance.
7. Motor vehicle accidents to the extent covered by another valid and collectible insurance policy, prepaid services contract, or similar plan; injury occurring when the insured is operating a motor vehicle without a valid USA state motor vehicle operator's license. Motor vehicle injury benefit limit is shown on the benefits schedule.
8. Participation in intercollegiate athletics. Cheerleading, intramurals and club sports are not considered part of intercollegiate athletics.
9. Loss caused by or resulting from the use of any drug agent classified as a narcotic, hallucinogenic, psycholytic, psychedelic or have similar classification or effects unless administered by and while under the care and attendance of a legally qualified physician.
10. Treatment where no *injury* or *sickness* is involved (physical or preventive medicines); or elective surgery and elective treatment; or abortion. It does not include cosmetic surgery made necessary by injury.
11. Use of any services or supplies, which are experimental, and/or not in accord with generally accepted standards of medical practice; all organ transplants and related services.

12. Diagnostic or medical treatment in connection with infertility.
  13. First aid treatment.
  14. Routine newborn baby care, well baby nursery, and related physician's charges.
  15. Dental care or treatment, unless as a result of an injury to the insured.
  16. Eye examinations and fitting of prescription eyeglasses, except that if glass eye, eyeglasses, or contact lenses are broken or destroyed as a result of an accident to an insured person requiring medical treatment, the Company will replace the glass eye, eyeglasses, or contact lenses as may be prescribed by an ophthalmologist.
  17. Prescriptive Drugs.
  18. Services provided normally without charge by the Student Health Service of the Policyholder; or by any person employed or retained by the Policyholder; **except** those services described in **Part A: the Basic Injury and Sickness benefits** under those Services provided by SHS.
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#### **DATES OF SEMESTERS - Subject to Change**

<u>FALL 2010</u>	August 18, 2010 – December 18, 2010
<u>SPRING 2011</u>	January 10, 2011 – May 14, 2011
<u>SUMMER 2011</u>	June 1, 2011 – July 29, 2011
<u>FALL 2011</u>	August 17, 2011 – December 17, 2011
<u>SPRING 2012</u>	January 9, 2012 – May 12, 2012
<u>SUMMER 2012</u>	May 30, 2012 – July 27, 2012
<u>FALL 2012</u>	August 15, 2012 – December 15, 2012
<u>SPRING 2013</u>	January 14, 2013 – May 18, 2013
<u>SUMMER 2013</u>	June 5, 2013 – August 2, 2013

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#### **INSURANCE PREMIUM PAID:**

SEMESTER:	NO. OF INSURED
Fall 2006	14,121

Spring 2007	12,648
Summer 2007	3,518
Fall 2007	14,017
Spring 2008	12,626
Summer 2008	3,251
Fall 2008	13,765
Spring 2009	12,523
Summer 2009	3,351
Fall 2009	13,948

The above information pertaining to numbers of insured is supplied for the use of the bidder as an aid in preparing a proposal, but should in no way be considered a guarantee on the part of the University.

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#### **EXPERIENCE DATA:**

The experience data reflects only claims actually paid and the resulting loss ratio does not include incurred but not reported, pending or any administrative expenses nor Spring and Summer premiums for 2010.

<u>SCHOOL YEAR</u>	<u>GROSS PREMIUM</u>	<u>TOTAL CLAIMS PAID</u>	<u>PERCENT</u>
2006 – 2007	405,581	233,738	58%
2007 – 2008	394,928	214,716	54%
2008 – 2009	390,613	244,043	62%
2009 – 2010-as of Fall 2009	191,785	73,777	38%



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## SPECIFICATIONS FOR DOMESTIC OPTIONAL INSURANCE POLICY

### OPTIONAL INSURANCE POLICY:

**COVERAGE PLAN** - The University will entertain proposals for an optional policy, which will afford to those students electing to enroll in a comprehensive coverage. **To be included in this policy** are those services described in **Part A: the Basic Injury and Sickness benefits** under those Services provided by SHS. Sample of such coverage:

#### OPTIONAL INCREASED COVERAGE – DOMESTIC STUDENT INJURY AND SICKNESS INSURANCE PLAN

Designed for the Optional Coverage for Domestic Students

**POLICY LIMITS** - When the covered Injury or Sickness requires treatment by a Physician, this Policy will provide benefits for 52 weeks from the date of the Injury or the date of first treatment of a Sickness, for the Usual and Customary Charges (U&C) scheduled below.

**PART A:** Basic Injury and Sickness Benefit - \$15,000 Maximum Benefit for each Injury or Sickness, subject to the following limits

INPATIENT	IN-NETWORK Preferred Allowance	OUT-OF-NETWORK Usual and Customary
<b>Hospital Expense:</b> daily semi-private room rate; general nursing care provided by the Hospital. Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	80% of PA	60% of U&C
<b>Intensive Care</b>	Paid under Hospital Expense	
<b>Routine Newborn Care:</b> while Hospital Confined; and routine nursery care provided immediately after birth. 4 days Hospital Confinement expense maximum.	Paid as any other Sickness	
<b>Physiotherapy</b>	\$500 maximum	
<b>Surgeon's Fees:</b> in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	80% of PA	60% of U&C

<b>Anesthetist:</b> professional services administered in connection with inpatient surgery.	80% of PA	60% of U&C
<b>Registered Nurse's Services:</b> private duty nursing care	Paid under Hospital Expense	
<b>Physician's Visits:</b> benefits are limited to one visit per day and do not apply when related to surgery.	80% of PA	60% of U&C
<b>Pre-Admission Testing:</b> payable within 3 working days prior to admission.	Paid under Hospital Expense	
<b>Psychotherapy:</b> 30 days maximum. Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness	
OUTPATIENT	IN-NETWORK Preferred Allowance	OUT-OF-NETWORK Usual and Customary
<b>Surgeon's Fees:</b> in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	80% of PA	60% of U&C
<b>Day Surgery Miscellaneous:</b> related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	80% of PA	60% of U&C
<b>Anesthetist:</b> professional services administered in connection with outpatient surgery.	80% of PA	60% of U&C
<b>Physician's Visits:</b> benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	80% of PA / \$10 co-pay per visit	60% of U&C / \$10 Deductible per visit
<b>Physiotherapy:</b> benefits are limited to one visit per day. Benefits are payable only when service is rendered at the Student Health Center or referral issued by the Student Health Center.	\$300 Maximum	

<b>Medical Emergency Expenses:</b> use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	80% of PA / \$100 Co-pay per visit	80% of U&C / \$100 Deductible per visit
<b>Diagnostic X-ray and Laboratory Services</b>	80% of PA	60% of U&C
<b>Injections:</b> when administered in the Physician's office and charged on the Physician's statement. Allergy injections are not payable.	80% of PA	60% of U&C
<b>Tests &amp; Procedures:</b> diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures.	80% of PA	60% of U&C
<b>Chemotherapy &amp; Radiation Therapy</b>	80% of PA	60% of U&C
<b>Prescription Drugs:</b> \$750 maximum Per Policy Year.	Network Pharmacy / set co-pay for generic / non-generic / per prescription up to a 31 day supply per prescription.	
<b>Psychotherapy:</b> \$300 maximum. Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder.	50% of PA / \$10 co-pay per visit	50% of U&C / \$10 Deductible per visit
<b>Ambulance Services:</b> \$250 maximum, benefits are payable for ground transportation only.	80% of U&C	
<b>Durable Medical Equipment:</b> \$1,000 maximum Per Policy Year. A written prescription must accompany the claim when submitted. Replacement equipment is not covered.	80% of U&C	
<b>Consultant Physician Fees:</b> when requested and approved by the attending Physician.	80% PA / \$10 co-pay per visit	60% of U&C / \$10 Deductible per visit
<b>Dental Treatment:</b> \$200 maximum Per Policy Year. Benefits paid on Injury to Sound, Natural Teeth only.	80% of U&C	
<b>Maternity and Complications of Pregnancy</b>	Paid as any other Sickness	
<b>Alcoholism/Drug Abuse</b>	Paid under Psychotherapy	
<b>Motor Vehicle Injuries:</b> \$1000 maximum	80% of PA	60% of U&C
<b>UL Lafayette Student Health Service</b>	100% coverage of the services provided by the Student Health Service with no co-pay or deductible	

**PART B:** Supplemental Medical Benefits - After \$15,000 has been paid under the Basic benefit, 80% of the

Covered Medical Expenses up to an aggregate Maximum Benefit of \$50,000 will be paid under this Benefit

**PART C:** Accidental Death and Dismemberment - occurring within 100 days from date of injury, pay in addition one of the following (the largest applicable amount):

Accidental Death	\$2,500
Double Dismemberment/Loss of Both Eyes	2,500
Single Dismemberment/Loss of Eye	1,500
Thumb and Index Finger on either hand	750

**EXPERIENCE DATA:**

<u>SCHOOL YEAR</u>	<u>GROSS PREMIUM</u>	<u>TOTAL CLAIMS PAID</u>	<u>PERCENT</u>
2006 – 2007	18,635	21,288	114%
2007 – 2008	12,751	21,434	168%
2008 – 2009	15,680	6,716	43%
2009 – 2010-as of Fall '09	8,850	4,747	53%

This policy **is not** an addition to the basic policy and may be awarded separately.

The optional policy proposal **will not** be calculated into the low bid for the basic policy.

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**ENROLLMENT HISTORY**

OPTIONAL PLAN PREMIUM PURCHASED 2006 – 2009

	2006-2007	2007-2008	2008-2009	2009-2010
FALL	23	25	30	29
SPRING	21	15	18	
SUMMER	22	21	8	

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# SPECIFICATIONS FOR INTERNATIONAL BASIC INSURANCE POLICY

## COVERAGE PLAN:

When coverage for *injury* or *sickness* requires treatment by a physician, this policy will provide benefits for fifty-two (52) weeks from the date of the *injury* or the date of the first treatment of a *sickness*, for the usual and customary charges (U&C) scheduled below for each policy year. This policy will allow benefits for expenses not covered by other valid and collectable coverage.

**PART A: Basic injury and sickness benefits** - \$3,500 maximum each *injury* and each *sickness*, subject to the following limits:

1) *Sickness* benefits limits:

a) Inpatient

- i) Hospital room and board will be paid to subscriber \$150.00 for each day of hospitalization.
- ii) Hospital intensive care unit, in lieu of 1), a), i), will pay up to \$200.00 per day up to ten (10) days.
- iii) Hospital miscellaneous at a rate of \$3,000.
- iv) Surgical treatment to be paid at the 70<sup>th</sup> percentile of the MDR schedule with a maximum of \$1,500.00.
- v) Anesthetist paid at \$300 per confinement.
- vi) Physician's non-surgical visit, paid at a rate of \$85.00 per visit, with one (1) visit per day limit, up to thirty-five (35) visits.
- vii) Radiation therapy at a rate of \$500.

b) Outpatient

- i) Hospital outpatient surgical miscellaneous at a rate of \$2,750.
- ii) Surgical treatment to be paid at the 70<sup>th</sup> percentile of the MDR schedule with a maximum of \$1,500.
- iii) Anesthetist paid at \$300 per confinement.
- iv) Physician's non-surgical visit, to be paid at \$85.00 per visit, at a rate of one visit per day, begins with the 2<sup>nd</sup> visit, up to three (3) visits.
- v) Physical therapist / Chiropractor paid as 1), b), iv).
- vi) Hospital emergency room, when medically necessary at a rate of \$175.00.
- vii) Diagnostic x-rays and laboratory services (*sickness* only) at a rate of \$900.00.
- viii) Diagnostic x-rays and laboratory services (*injury* only) not applicable.
- ix) Student Health benefits -- to write on brochure: **various services may be provided, please inquire at the Student Health Service.** A list of those services that will be provided are as follows:
  - (1) I & D pilonidal cyst - CPT Code 10080 at \$140.
  - (2) Drainage of skin abscess - CPT Code 10060 at \$100.
  - (3) Removal of foreign body - CPT Code 10120 at \$120
  - (4) Debridement of infected skin - CPT Code 11000 at \$50.
  - (5) Removal of sutures - CPT Code 15851 at \$20.
  - (6) Treatment of burns - CPT Code 16020 at \$75.

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- (7) Destruction of skin lesions - CPT Code 17110 at \$75.
- (8) Application of forearm splint - CPT Code 29125 at \$30.
- (9) Application of finger splint - CPT Code 29130 at \$20.
- (10) Application of ankle splint - CPT Code 29515 at \$60.
- (11) Removal of impacted earwax - CPT Code 69210 at \$45.
- (12) IV Therapy up to one (1) hour - CPT Code 96360 at \$100.
- (13) IV Therapy each additional hour up to eight (8) hours - CPT Code 96361 at \$45.
- (14) Biopsy, skin lesion - CPT Code 11100 at \$75.
- (15) Excision of a benign lesion - CPT Code 11400 at \$110.
- (16) Excision of Nail/ Nail Matrix - CPT Code 11750 at \$300.
- (17) Sutures:
  - (a) CPT Code - 12001 at \$150.
  - (b) CPT Code - 12002 at \$175.
  - (c) CPT Code - 12011 at \$200.
  - (d) CPT Code - 12013 at \$225.
- (18) Pregnancy test only for diagnostic/medication use at \$10 / test.
- (19) Colposcopy procedures:
  - (a) Colposcopy cervix - CPT Code 57452 at \$300.
  - (b) Colposcopy cervix with biopsy - CPT Code 57454 at \$350.
  - (c) Colposcopy vaginal - CPT Code 57420 at \$300.
  - (d) Colposcopy vaginal with biopsy -CPT Code 57421 at \$350.
  - (e) Colposcopy vulva - CPT Code 56820 at \$300.
  - (f) Colposcopy vulva with biopsy - CPT Code 56821 at \$350.

c) Other

- i) Ambulance service – ground service only, at \$200.00.
- ii) Orthopedic appliances – paid under *injury*.
- iii) Consultant physician – when requested by attending physician to be paid at \$150
- iv) Dental treatment – paid under *injury*
- v) Mental and nervous disorders, inpatient only, paid as any *sickness*.
- vi) Maternity benefits to be paid same as any *sickness* and only if conception occurs while the coverage is in force
- vii) Motor vehicle *injury* – paid under *injury*.

2) *Injury* Benefit limits:

a) Inpatient

- i) Hospital room and board at \$150 per day.
- ii) Hospital intensive care unit, in lieu of 2), a), i), at a rate of \$200.00 per day, up to ten (10) days.
- iii) Hospital miscellaneous at a rate of \$3,000.
- iv) Surgical treatment to be paid at the 70<sup>th</sup> percentile of the MDR schedule with a maximum of \$1,500.
- v) Anesthetist paid at \$300.00 per confinement.
- vi) Physician's non-surgical visits, at a rate of \$85.00 per visit, only one (1) visit per day.

b) Outpatient

- i) Hospital outpatient surgical miscellaneous at a rate of \$2,750.

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- ii) Surgical treatment to be paid at the 70<sup>th</sup> percentile of the MDR schedule with a maximum of \$1,500.00.
  - iii) Anesthetist paid at \$300.00.
  - iv) Physician's non-surgical visits: at \$85.00 per visit, with one (1) visit per day begins with the 2<sup>nd</sup> visit, with a limit of three (3) visits.
  - v) Physical therapist / Chiropractor paid as in 2), b), iv.
  - vi) Hospital emergency room, when medically necessary at \$175.00.
  - vii) Diagnostic x-rays and laboratory services (*sickness* only), not applicable.
  - viii) Diagnostic x-rays and laboratory services (*injury* only) at rate \$900.
  - ix) Student Health benefits as listed above 1), b), ix.
- c) Other:
- i) Ambulance service, ground service only at \$200.00.
  - ii) Orthopedic appliances, when medically necessary at U&C.
  - iii) Consultant physician, when requested by attending physician at \$150.00.
  - iv) Dental treatment, injury only, at \$150 per tooth, up to \$450.
  - v) Mental and nervous disorders – paid under sickness.
  - vi) Maternity benefits - paid under sickness.
  - vii) Motor vehicle injury payable up to \$1,500.

**University of Louisiana at Lafayette Student Health Services (SHS) Billing Procedure for**

**Lab work:** SHS collects specimens and pays an external laboratory monthly for all lab services. SHS then files claims for lab charges with the student's primary or secondary insurance carrier for reimbursement.

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**PART B: Major medical benefits** - after the Company has paid \$3,500 under **Plan A**, the Company will then pay eighty percent (80%), up to \$30,000 of reasonable and customary expenses, as a result of any one accident / injury or illness. **There are no benefits payable for mental / nervous disorders or dental treatment.**

**INCLUDES** expenses incurred for medical or surgical treatment, services or supplies, hospital services or supplies, nursing, local emergency, ambulance service, prescriptive medicines, x-rays, laboratory fees and visits to the physician's office due to *injury* or *sickness* for a covered person **which first manifests itself while coverage is effective under this policy** in excess of the deductible up to aggregate benefit stated in the schedule of benefits.

**DOES NOT INCLUDE** expenses incurred for dental treatment, services or supplies, except as resulting from any injury to whole, sound, natural teeth, subject to the limits of \$150.00 per tooth and \$450.00 per injury; correction of a deviated nasal septum, unless it results from an injury which occurs after coverage under this policy is in effect.

**PART C: Medical evacuation and repatriation.**

Medical evacuation is to be paid up to \$10,000 - If, as a result of an *injury* or *sickness*, a covered person is hospitalized for five (5) consecutive days or more, upon the recommendation and agreement of the attending licensed physician, the covered person, and the administrator of this policy, the company will pay for the evacuation of the covered person:

- (1) To his or her home country; or
- (2) To a facility for the treatment of injured or ill persons in his or her home country; or
- (3) To another medical facility.

All expenses incurred under this benefit require the prior approval of the administrator.

Medical evacuation to the covered person's home country will terminate any further coverage under this insurance.

Repatriation is to be paid up to \$7,500 - If a covered person's injury or sickness results in loss of life payable under this insurance, the company will pay the expenses for the cremation of the deceased's body or for the preparation of the deceased's body for burial, and transportation of the deceased's body to his or her home country, provided that the covered person's death occurred outside his or her home country.

The administrator must approve any expenses incurred under this benefit before the body is prepared for transportation.

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**PART D: Accidental death and dismemberment** - To provide for accidental death and accidental dismemberment for *loss* occurring within one hundred days (100) from the date of the *accident*, according to the following schedule:

Accidental death.....	\$2,500.00
Entire sight of both eyes.....	\$2,500.00
Both hands or feet .....	\$2,500.00
One hand and one foot.....	\$2,500.00
One hand or one foot or one eye.....	\$1,500.00
Thumb and index finger on either hand.....	\$ 750.00

All of the above, in addition to dependent coverage, in strict accordance to specifications, conditions, etc.

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**DEPENDENT COVERAGE:**

Eligible dependents include the spouse residing with the Insured Student and all dependent children (i.e. unmarried children and grandchildren less than 21 years and residing with the Insured Student).

Dependents must be enrolled at the same time and in the same Plan as the Insured Student.

The University will not assess the student for this portion of the contract. All arrangements and billing for this section are to be made directly between the successful bidder and students.

Coverage will include the benefits as itemized in the Plan.

Coverage for an Insured Student's newborn child will be effective from the moment of birth and paid according to the Plan. Notification and additional premium for a new born child must be received by the Company within 31 days after the child's birth for coverage to continue beyond this 31 day period.

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**EXCLUSIONS:**

This policy will not cover the following:

1. Those persons who are 'on line' or distance learning students taking home study.
2. War or any act of war, declared or undeclared or *injury* or *sickness* resulting from full-time active duty, military service of any country. If an insured student would enter the armed forces, the Company upon request will make a pro-rata portion of the premium.
3. *Injuries* occurring, or *sickness* which reveals itself by symptoms, while the insured was not insured under this policy. However, students shall be covered for pre-existing conditions which occurred prior to the enactment of this policy provided:
  - a. A claim was filed with the previous insurance carrier; or

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- b. The student carried student insurance at the time of the accident or illness; or
  - c. The student maintained continuous coverage since the accident or illness.
4. *Injury* or *sickness* for which benefits are payable under any Workman's Compensation, or Occupational Disease Act or Law.
  5. Air flight, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline.
  6. Intentionally self-inflicted injuries, including drug overdose, unless such injury results from a medical condition, mental or nervous or substance abuse disorder or an act of domestic violence; treatment of mental and nervous disorders and substance abuse except as specifically provided in the benefits schedule.
  7. Loss incurred while committing or attempting to commit a felony; or loss due to voluntary participation in a riot or civil disturbance.
  8. Motor vehicle accidents to the extent covered by another valid and collectible insurance policy, prepaid services contract or similar plan; *injury* occurring while an insured is operating a motor vehicle without a valid USA state motor vehicle operation's license. Motor vehicle injury benefit limit is described in the benefits schedule.
  9. Participation in intercollegiate athletics. Cheerleading, intramurals and club sports are not considered part of intercollegiate athletics.
  10. Loss caused by or resulting from the use of any drug agent classified as a narcotic, hallucinogenic, psycholytic, psychedelic or have similar classification or effects unless administered by and while under the care and attendance of a legally qualified physician.
  11. Treatment where no *injury* or *sickness* is involved (physical or preventive medicines); or elective surgery and elective treatment or abortion. Cosmetic surgery, unless performed due to an injury to an insured participant sustained while insured under this policy.
  12. Use of any services or supplies which are experimental and/or not in accord with generally accepted standards of medical practice; all organ transplants and related services.
  13. Diagnostic or medical treatment in connection with infertility.
  14. Treatment not recommended and approved as necessary and reasonable by the attending licensed physician.
  15. Routine newborn baby care, well baby nursery and related physician's charges.
  16. Dental care or treatment, unless as a result of an injury to the insured.
  17. Eye examinations and fitting of prescription eyeglasses, except that if glass eye, eyeglasses, or contact lenses are broken or destroyed as a result of an accident to an insured person requiring medical treatment, the Company will replace the glass eye, eyeglasses, or contact lenses as may be prescribed by an ophthalmologist.

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18. Treatment, services, supplies or facilities in a hospital owned or operated by a national government or any of its agencies (this exclusion does not apply to treatment when a charge is made which the covered person is required by law to pay).
19. Any medical treatment received in insured's home country.
20. Expenses in excess of the prevailing semi-private room rate unless medically necessary.
21. Prescriptive Drugs.
22. Services provided normally without charge by the Student Health Service of the Policyholder; or by any person employed or retained by the Policyholder; **except** those services described in **Part A: the Basic Injury and Sickness benefits** under those Services provided by SHS.

Coverage shall be on a continuous basis for each academic semester the student is enrolled as per the schedule of coverage dates. Protection is to be in effect during all interim vacation periods during an academic semester/session.

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### **DATES OF SEMESTERS - Subject to Change**

<u>FALL 2010</u>	August 18, 2010 – December 18, 2010
<u>SPRING 2011</u>	January 10, 2011 – May 14, 2011
<u>SUMMER 2011</u>	June 1, 2011 – July 29, 2011
<u>FALL 2011</u>	August 17, 2011 – December 17, 2011
<u>SPRING 2012</u>	January 9, 2012 – May 12, 2012
<u>SUMMER 2012</u>	May 30, 2012 – July 27, 2012
<u>FALL 2012</u>	August 15, 2012 – December 15, 2012
<u>SPRING 2013</u>	January 14, 2013 – May 18, 2013
<u>SUMMER 2013</u>	June 5, 2013 – August 2, 2013

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### **INSURANCE PREMIUMS PAID:**

SEMESTER	NO. OF INSURED
<u>Summer 2006</u>	161

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<u>Fall 2006</u>	546
<u>Spring 2007</u>	486
<u>Summer 2007</u>	142
<u>Fall 2007</u>	584
<u>Spring 2008</u>	561
<u>Summer 2008</u>	136
<u>Fall 2008</u>	665
<u>Spring 2009</u>	609
<u>Summer 2009</u>	143
<u>Fall 2009</u>	637

The above information pertaining to numbers of insured is supplied for the use of the bidder as an aid in preparing a proposal, but should in no way be considered a guarantee on the part of the University.

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#### **EXPERIENCE DATA:**

The experience data reflects only claims actually paid and the resulting loss ratio does not include incurred but not reported, pending or any administrative expenses nor Spring and Summer premiums for 2005.

This includes data for all the F-1 non-immigrant international students and their dependents.

<u>SCHOOL YEAR</u>	<u>GROSS PREMIUM</u>	<u>TOTAL CLAIMS PAID</u>	<u>PERCENT</u>
2006 – 2007	40,418	46,924	116%
2007 – 2008	44,348	31,682	71%
2008 – 2009	49,153	100,057	203%
2009 – 2010-as of Fall 2009	22,932	3,021	13%

## SPECIFICATIONS FOR INTERNATIONAL OPTIONAL INSURANCE POLICY

### OPTIONAL INSURANCE COVERAGE PLAN:

#### COVERAGE PLAN

The University would like to offer an optional policy to the *F-1 non-immigrant international students* electing to enroll in a comprehensive coverage. This coverage shall be the same as provided to the J-1 International Visitor exchange / J-2 Dependents as outlined under Method of Enrollment.

All J-2 Dependents must comply with the US AID Regulations. All arrangements and billing for this section are to be made directly between the successful bidder and the J-1 International Exchange Visitor, under the guidance of the Office of International Affairs.

This policy **is not** an addition to the basic policy and will be awarded separately.

The optional policy proposal **will not** be calculated into the low bid for the basic policy.

The experience data reflects only claims actually paid and the resulting loss ratio does not include incurred but not reported, pending or any administrative expenses nor Spring and Summer premiums for 2010.

This includes data for all the F-1 non-immigrant international students participating in the optional increased coverage, the J-1 visitor exchange and J-2 dependents.

<u>SCHOOL YEAR</u>	<u>GROSS PREMIUM</u>	<u>TOTAL CLAIMS PAID</u>	<u>PERCENT</u>
2006 – 2007	2,273	40	2%
2007 – 2008	2,273	3843	169%
2008 – 2009	3,377	2713	80%
2009 – 2010 as of Fall '09	1,097	0	

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#### ENROLLMENT HISTORY

##### OPTIONAL PLAN PREMIUM PURCHASED 2006 – 2009

	2006-2007	2007-2008	2008-2009	2009-2010
FALL	3	6	3	4
SPRING	0	2	7	
SUMMER	1	1	7	

Bidder's Initials \_\_\_\_\_

## SAMPLE COVERAGE:

### Mandated Coverage for J-1 International Exchange Visitor / J-2 Dependents / and Optional Insurance Coverage for F-1 non-immigrant international students

**POLICY LIMITS** - When the covered *injury* or *sickness* requires treatment by a Physician, this Policy will provide benefits for 52 weeks from the date of the Injury or the date of first treatment of a Sickness, for the Usual and Customary Charges (U&C) scheduled below.

**PART A:** Basic *injury* and *sickness* Benefit - \$15,000 Maximum Benefit for each *injury* or *sickness*, subject to the following limits

INPATIENT	IN-NETWORK Preferred Allowance	OUT-OF-NETWORK Usual and Customary
<b>Hospital Expense:</b> daily semi-private room rate; general nursing care provided by the Hospital. Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	80% of PA	60% of U&C
<b>Intensive Care</b>	Paid under Hospital Expense	
<b>Routine Newborn Care:</b> while Hospital Confined; and routine nursery care provided immediately after birth. 4 days Hospital Confinement expense maximum.	Paid as any other Sickness	
<b>Physiotherapy</b>	\$500 maximum	
<b>Surgeon's Fees:</b> in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	80% of PA	60% of U&C
<b>Anesthetist:</b> professional services administered in connection with inpatient surgery.	80% of PA	60% of U&C
<b>Registered Nurse's Services:</b> private duty nursing care	Paid under Hospital Expense	
<b>Physician's Visits:</b> benefits are limited to one visit per day and do not apply when related to surgery.	80% of PA	60% of U&C
<b>Pre-Admission Testing:</b> payable within 3 working days prior to admission.	Paid under Hospital Expense	

Bidder's Initials \_\_\_\_\_

<b>Psychotherapy:</b> 30 days maximum. Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness	
OUTPATIENT	IN-NETWORK Preferred Allowance	OUT-OF-NETWORK Usual and Customary
<b>Surgeon's Fees:</b> in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	80% of PA	60% of U&C
<b>Day Surgery Miscellaneous:</b> related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	80% of PA	60% of U&C
<b>Anesthetist:</b> professional services administered in connection with outpatient surgery.	80% of PA	60% of U&C
<b>Physician's Visits:</b> benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	80% of PA / \$10 co-pay per visit	60% of U&C / \$10 Deductible per visit
<b>Physiotherapy:</b> benefits are limited to one visit per day. Benefits are payable only when service is rendered at the Student Health Center or referral issued by the Student Health Center.	\$300 Maximum	
<b>Medical Emergency Expenses:</b> use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	80% of PA / \$100 Co-pay per visit	80% of U&C / \$100 Deductible per visit
<b>Diagnostic X-ray and Laboratory Services</b>	80% of PA	60% of U&C
<b>Injections:</b> when administered in the Physician's office and charged on the Physician's statement. Allergy injections are not payable.	80% of PA	60% of U&C
<b>Tests &amp; Procedures:</b> diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X-Rays and Lab Procedures.	80% of PA	60% of U&C

Bidder's Initials \_\_\_\_\_

<b>Chemotherapy &amp; Radiation Therapy</b>	80% of PA	60% of U&C
<b>Prescription Drugs:</b> \$750 maximum Per Policy Year.	Network Pharmacy / set co-pay for generic / non-generic / per prescription up to a 31 day supply per prescription.	
<b>Psychotherapy:</b> \$300 maximum. Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder.	50% of PA / \$10 co-pay per visit	50% of U&C / \$10 Deductible per visit
<b>Ambulance Services:</b> \$250 maximum, benefits are payable for ground transportation only.	80% of U&C	
<b>Durable Medical Equipment:</b> \$1,000 maximum Per Policy Year. A written prescription must accompany the claim when submitted. Replacement equipment is not covered.	80% of U&C	
<b>Consultant Physician Fees:</b> when requested and approved by the attending Physician.	80% PA / \$10 co-pay per visit	60% of U&C / \$10 Deductible per visit
<b>Dental Treatment:</b> \$200 maximum Per Policy Year. Benefits paid on Injury to Sound, Natural Teeth only.	80% of U&C	
<b>Maternity and Complications of Pregnancy</b>	Paid as any other Sickness	
<b>Alcoholism/Drug Abuse</b>	Paid under Psychotherapy	
<b>Motor Vehicle Injuries:</b> \$1000 maximum	80% of PA	60% of U&C
<b>UL Lafayette Student Health Service</b>	Students only: 100% coverage of the services provided by the Student Health Service with no co-pay or deductible	

**PART B:** Supplemental Medical Benefits - After \$15,000 has been paid under the Basic benefit, 80% of the Covered Medical Expenses up to an aggregate Maximum Benefit of \$75,000 will be paid under this Benefit

**PART C:** Mandated *Benefits* – The plan will pay benefits for specific mandated services in accordance with current Louisiana Insurance Laws under the same circumstances and conditions as for other *diagnosis* and *illnesses*.

**PART D:** Medical Evacuation Benefit - up to \$10,000

**PART E:** Repatriation Benefit - up to \$7,500

**PART E:** Accidental Death and Dismemberment - occurring within 100 days from date of Injury pay in addition one of the following (the largest applicable amount):

Accidental Death	\$2,500
Double Dismemberment/Loss of Both Eyes	2,500
Single Dismemberment/Loss of Eye	1,500
Thumb and Index Finger on either hand	750

Bidder's Initials \_\_\_\_\_



**BID SHEET - DOMESTIC STUDENT COVERAGE - BASIC PLAN**  
**Pre-Existing Clause – In Effect**

**BASE BID** - I/We propose to furnish medical and accidental insurance coverage for **domestic students** of the University of Louisiana at Lafayette for a three (3) year period beginning **AUGUST 18, 2010, THROUGH AUGUST 17, 2013**, in strict accordance to conditions and specifications herein specified for the net amount of \$ \_\_\_\_\_ per student per fall and spring semester, and for the net amount of \$ \_\_\_\_\_ per student per summer semester.

**Based upon mutual agreement between the University and the successful bidder, this contract may be extended for TWO (2) additional twelve (12) month periods at the same prices and terms. Both parties must agree to any extension, and the decision must be made by December 15<sup>th</sup> of the year prior to each renewal.**

The following is to be used in calculating the low bid (all figures specified are actual amounts from prior year operations):

	<u>TOTAL NUMBER OF DOMESTIC STUDENTS</u>	<u>SEMESTER PREMIUM</u>
1. Spring 2009	12,523	\$ _____ = \$ _____
2. Summer 2009	3,351	\$ _____ = \$ _____
3. Fall 2009	13,948	\$ _____ = \$ _____
TOTAL FOR 1 THRU 3		\$ _____

**All quoted prices to remain firm for the length of the contract.**

**OPTION A - DEPENDENT COVERAGE:** *Voluntary* basis on the part of each student.

I/We propose to furnish medical and accidental insurance coverage to the spouse and/or dependent children of the insured *domestic students* at the University of Louisiana at Lafayette, according to the following schedule.

The following **will not** be used in calculating the low bid.

	<u>SPOUSE</u>	<u>EACH DEPENDENT CHILD</u>
1. Fall & Spring Semesters	\$ _____	\$ _____
2. Summer Semesters	\$ _____	\$ _____

**All quoted prices to remain firm for the length of the contract.**

Bidder's Initials \_\_\_\_\_

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**OPTION B - VISITING GROUPS: Mandatory** for each individual participating in the Summer camps and other non-UL at Lafayette student groups.

I/We propose to furnish medical and accidental insurance coverage to the participants attending the campus and according to the following fee rate.

The following **will not** be used in calculating the low bid.

1. Daily Visiting Group      Rate \$\_\_\_\_\_ per student **per day**.
2. Summer Camp              Rate \$\_\_\_\_\_ per student **per summer**.

**All quoted prices to remain firm for the length of the contract.**

---

## **OPTIONAL INSURANCE COVERAGE PLAN - TO BE AWARDED SEPARATELY...**

The University will entertain proposals for an optional policy, which will afford to those students electing to enroll in a comprehensive coverage. Basic benefits described above to be used as minimum benefits.

**This policy is to include those services provided by the Student Health Service as listed in the Domestic Basic Plan.**

The optional policy proposal **will not** be calculated into the low bid for the basic policy.

	Student	Spouse	Each Dependent Child
1. If bidder <u>is</u> awarded basic policy:			
a. Fall & Spring Semesters	\$_____	\$_____	\$_____
b. Summer Semester	\$_____	\$_____	\$_____
2. If bidder <u>is not</u> awarded basic policy:			
a. Fall & Spring Semesters	\$_____	\$_____	\$_____
b. Summer Semester	\$_____	\$_____	\$_____

**Bidder is to submit a copy of the proposed optional policy when submitting bid.**

**All quoted prices to remain firm for the length of the contract.**

---

## **CRITERIA TO BE USED IN DETERMINING AWARD:**

1. Bidder confirms to all material in respect to the invitation and Instructions to Bidders.
  2. The University will not be required to accept the lowest bid. In addition to gross premium, financial strength of the company and coverage rendered will serve as a basis for award of the contract.
- 

## **ADDITIONAL COVERAGE NEGOTIATIONS:**

In December of each year, the University may choose to negotiate additional coverage with the successful vendor. These negotiations may be discussed between a University representative and the successful vendor but will require final approval of the President.

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**BID SHEET - DOMESTIC STUDENT COVERAGE - BASIC PLAN**  
**Pre-Existing Clause – In Effect**

**ALTERNATE** - I/We propose to furnish medical and accidental insurance coverage for **domestic students** of the University of Louisiana at Lafayette for a one (1) year period beginning **AUGUST 18, 2010 THROUGH AUGUST 17, 2011** in strict accordance to conditions and specifications herein specified for the net amount of \$\_\_\_\_\_ per student per fall and spring semester, and for the net amount of \$ \_\_\_\_\_ per student per summer semester.

**Based upon mutual agreement between the University and the successful bidder, this contract may be extended for FOUR (4) additional twelve (12) month periods at the same prices and terms. Both parties must agree to any extension, and the decision must be made by December 15<sup>th</sup> of the year prior to each renewal.**

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TOTAL FOR 1 THRU 3		\$_____

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**OPTION A - DEPENDENT COVERAGE:** *Voluntary* basis on the part of each student.

I/We propose to furnish medical and accidental insurance coverage to the spouse and/or dependent children of the insured *domestic students* at the University of Louisiana at Lafayette, according to the following schedule.

The following **will not** be used in calculating the low bid.

	<u>SPOUSE</u>	<u>EACH DEPENDENT CHILD</u>
1. Fall & Spring Semesters	\$_____	\$ _____
2. Summer Semesters	\$ _____	\$ _____

**All quoted prices to remain firm for the length of the contract.**

---

**OPTION B - VISITING GROUPS: Mandatory** for each individual participating in the Summer camps and other non-UL at Lafayette student groups.

I/We propose to furnish medical and accidental insurance coverage to the participants attending the campus and according to the following fee rate.

The following **will not** be used in calculating the low bid.

1. Daily Visiting Group                      Rate \$\_\_\_\_\_ per student **per day**.
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a. Fall & Spring Semesters	\$_____	\$_____	\$_____
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a. Fall & Spring Semesters	\$_____	\$_____	\$_____
b. Summer Semester	\$_____	\$_____	\$_____

**Bidder is to submit a copy of the proposed optional policy when submitting bid.**

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**BID SHEET - DOMESTIC STUDENT COVERAGE - BASIC PLAN**  
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1. Fall & Spring Semesters	\$ _____	\$ _____
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Bidder's Initials \_\_\_\_\_

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b. Summer Semester	\$_____	\$_____	\$_____

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3. Fall 2009	13,948	\$_____ = \$ _____
TOTAL FOR 1 THRU 3		\$_____

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**OPTION A - DEPENDENT COVERAGE:** *Voluntary* basis on the part of each student.

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The following **will not** be used in calculating the low bid.

	<u>SPOUSE</u>	<u>EACH DEPENDENT CHILD</u>
1. Fall & Spring Semesters	\$_____	\$ _____
2. Summer Semesters	\$ _____	\$ _____

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**OPTION B - VISITING GROUPS: Mandatory** for each individual participating in the Summer camps and other non-UL at Lafayette student groups.

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The optional policy proposal **will not** be calculated into the low bid for the basic policy.

	Student	Spouse	Each Dependent Child
1. If bidder <u>is</u> awarded basic policy:			
a. Fall & Spring Semesters	\$_____	\$_____	\$_____
b. Summer Semester	\$_____	\$_____	\$_____
2. If bidder <u>is not</u> awarded basic policy:			
a. Fall & Spring Semesters	\$_____	\$_____	\$_____
b. Summer Semester	\$_____	\$_____	\$_____

**Bidder is to submit a copy of the proposed optional policy when submitting bid.**

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- 

## **ADDITIONAL COVERAGE NEGOTIATIONS:**

In December of each year, the University may choose to negotiate additional coverage with the successful vendor. These negotiations may be discussed between a University representative and the successful vendor but will require final approval of the President.

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**BID SHEET - INTERNATIONAL STUDENT COVERAGE - BASIC PLAN**  
**Pre-Existing Clause – In Effect**

**BASE BID:** I/We propose to furnish medical and accidental insurance coverage for the *international* students at the University of Louisiana at Lafayette for a three (3) year period beginning **AUGUST 18, 2010 THROUGH AUGUST 17, 2013** in strict accordance to conditions and specifications herein specified for the net amount of \$\_\_\_\_\_ per student per fall and spring semester, and for the net amount of \$\_\_\_\_\_ per student per summer semester.

**Based upon mutual agreement between the University and the successful bidder, this contract may be extended for TWO (2) additional twelve (12) month periods at the same prices and terms. Both parties must agree to any extension, and a decision must be made by December 15<sup>th</sup> of the year prior to each renewal.**

The following is to be used in calculating the low bid (all figures specified are actual amounts from prior year operations).

	<u>TOTAL NUMBER OF INTERNATIONAL STUDENTS</u>		<u>SEMESTER PREMIUM</u>
1. Spring 2009	609	X	\$_____ = \$_____
2. Summer 2009	143	X	\$_____ = \$_____
3. Fall 2009	637	X	\$_____ = \$_____
TOTAL FOR 1 THRU 3			\$_____

**All quoted prices to remain firm for the length of the contract.**

---

**OPTION A - DEPENDENT COVERAGE:** *Voluntary* basis on the part of each student.

I/We propose to furnish medical and accidental insurance coverage to the spouse and/or dependent children of the insured *international students* at the University of Louisiana at Lafayette, according to the following schedule.

The following **will not** be used in calculating the low bid.

	<u>SPOUSE</u>	<u>EACH DEPENDENT CHILD</u>
1. Fall & Spring Semesters	\$_____	\$_____
2. Summer Semester	\$_____	\$_____

**All quoted prices to remain firm for the length of the contract.**

---

**OPTION B - MANDATED AND OPTIONAL INSURANCE COVERAGE - \$75,000 maximum major medical and required repatriation and relocation allowances.**

**FOR COMPLIANCE WITH J -1 INTERNATIONAL EXCHANGE VISITOR & J-2 DEPENDENTS AND OPTIONAL COVERAGE FOR THE F-1 NON-IMMIGRANT INTERNATIONAL STUDENT AND THEIR DEPENDENTS**

The following **will not** be used in calculating the low bid.

	<u>J-1 / F-1</u>	<u>Spouse</u>	<u>Each Dependent Child</u>
1. Fall & Spring Semesters	\$_____	\$_____	\$_____
2. Summer Semester	\$_____	\$_____	\$_____

**Bidder is to submit a copy of the proposed optional policy when submitting bid.**

**All quoted prices to remain firm for the length of the contract.**

---

**BID SHEET - INTERNATIONAL STUDENT COVERAGE - BASIC PLAN**  
**Pre-Existing Clause – In Effect**

**ALTERNATE BID:** I/We propose to furnish medical and accidental insurance coverage for the *international* students at the University of Louisiana at Lafayette for a one (1) year period beginning **AUGUST 18, 2010 THROUGH AUGUST 17, 2011** in strict accordance to conditions and specifications herein specified for the net amount of \$\_\_\_\_\_ per student per fall and spring semester, and for the net amount of \$\_\_\_\_\_ per student per summer semester.

**Based upon mutual agreement between the University and the successful bidder, this contract may be extended for FOUR (4) additional twelve (12) month periods at the same prices and terms. Both parties must agree to any extension, and a decision must be made by December 15<sup>th</sup> of the year prior to each renewal.**

The following is to be used in calculating the low bid (all figures specified are actual amounts from prior year operations).

	<u>TOTAL NUMBER OF INTERNATIONAL STUDENTS</u>		<u>SEMESTER PREMIUM</u>
1. Spring 2009	609	X	\$_____ = \$_____
2. Summer 2009	143	X	\$_____ = \$_____
3. Fall 2009	367	X	\$_____ = \$_____

TOTAL FOR 1 THRU 3      \$\_\_\_\_\_

**All quoted prices to remain firm for the length of the contract.**

---

**OPTION A - DEPENDENT COVERAGE:** *Voluntary* basis on the part of each student.

I/We propose to furnish medical and accidental insurance coverage to the spouse and/or dependent children of the insured *international* students at the University of Louisiana at Lafayette, according to the following schedule.

The following **will not** be used in calculating the low bid.

	<u>SPOUSE</u>	<u>EACH DEPENDENT CHILD</u>
1. Fall & Spring Semesters	\$_____	\$_____
2. Summer Semesters	\$_____	\$_____

**All quoted prices to remain firm for the length of the contract.**

---

**OPTION B - MANDATED AND OPTIONAL INSURANCE COVERAGE** - \$75,000 maximum major medical and required repatriation and relocation allowances.

**FOR COMPLIANCE WITH J - 1 INTERNATIONAL EXCHANGE VISITOR & J-2 DEPENDENTS AND OPTIONAL COVERAGE FOR THE F-1 NON-IMMIGRANT INTERNATIONAL STUDENT AND THEIR DEPENDENTS**

The following **will not** be used in calculating the low bid.

	<u>J-1 / F-1</u>	<u>Spouse</u>	<u>Each Dependent Child</u>
1. Fall & Spring Semesters	\$_____	\$_____	\$_____
2. Summer Semester	\$_____	\$_____	\$_____

**Bidder is to submit a copy of the proposed optional policy when submitting bid.**

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**BASE BID:** I/We propose to furnish medical and accidental insurance coverage for the *international* students at the University of Louisiana at Lafayette for a three (3) year period beginning **AUGUST 18, 2010 THROUGH AUGUST 17, 2013** in strict accordance to conditions and specifications herein specified for the net amount of \$\_\_\_\_\_ per student per fall and spring semester, and for the net amount of \$\_\_\_\_\_ per student per summer semester.

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The following is to be used in calculating the low bid (all figures specified are actual amounts from prior year operations).

	<u>TOTAL NUMBER OF INTERNATIONAL STUDENTS</u>		<u>SEMESTER PREMIUM</u>
1. Spring 2009	609	X	\$_____ = \$_____
2. Summer 2009	143	X	\$_____ = \$_____
3. Fall 2009	637	X	\$_____ = \$_____
TOTAL FOR 1 THRU 3			\$_____

**All quoted prices to remain firm for the length of the contract.**

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**OPTION A - DEPENDENT COVERAGE:** *Voluntary* basis on the part of each student.

I/We propose to furnish medical and accidental insurance coverage to the spouse and/or dependent children of the insured *international students* at the University of Louisiana at Lafayette, according to the following schedule.

The following **will not** be used in calculating the low bid.

	<u>SPOUSE</u>	<u>EACH DEPENDENT CHILD</u>
3. Fall & Spring Semesters	\$_____	\$_____
4. Summer Semester	\$_____	\$_____

**All quoted prices to remain firm for the length of the contract.**

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**OPTION B - MANDATED AND OPTIONAL INSURANCE COVERAGE - \$75,000 maximum major medical and required repatriation and relocation allowances.**

**FOR COMPLIANCE WITH J -1 INTERNATIONAL EXCHANGE VISITOR & J-2 DEPENDENTS AND OPTIONAL COVERAGE FOR THE F-1 NON-IMMIGRANT INTERNATIONAL STUDENT AND THEIR DEPENDENTS**

The following **will not** be used in calculating the low bid.

	<u>J-1 / F-1</u>	<u>Spouse</u>	<u>Each Dependent Child</u>
3. Fall & Spring Semesters	\$_____	\$_____	\$_____
4. Summer Semester	\$_____	\$_____	\$_____

**Bidder is to submit a copy of the proposed optional policy when submitting bid.**

**All quoted prices to remain firm for the length of the contract.**

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**BID SHEET - INTERNATIONAL STUDENT COVERAGE - BASIC PLAN**  
**Pre-Existing Clause – Not In Effect**

ALTERNATE BID: I/We propose to furnish medical and accidental insurance coverage for the *international* students at the University of Louisiana at Lafayette for a one (1) year period beginning **AUGUST 18, 2010 THROUGH AUGUST 17, 2011** in strict accordance to conditions and specifications herein specified for the net amount of \$\_\_\_\_\_ per student per fall and spring semester, and for the net amount of \$\_\_\_\_\_ per student per summer semester.

**Based upon mutual agreement between the University and the successful bidder, this contract may be extended for FOUR (4) additional twelve (12) month periods at the same prices and terms. Both parties must agree to any extension, and a decision must be made by December 15<sup>th</sup> of the year prior to each renewal.**

The following is to be used in calculating the low bid (all figures specified are actual amounts from prior year operations).

	<u>TOTAL NUMBER OF INTERNATIONAL STUDENTS</u>		<u>SEMESTER PREMIUM</u>	
1. Spring 2009	609	X	\$_____	= \$_____
2. Summer 2009	143	X	\$_____	= \$_____
3. Fall 2009	637	X	\$_____	= \$_____

TOTAL FOR 1 THRU 3      \$\_\_\_\_\_

**All quoted prices to remain firm for the length of the contract.**

---

**OPTION A - DEPENDENT COVERAGE:** *Voluntary* basis on the part of each student.

I/We propose to furnish medical and accidental insurance coverage to the spouse and/or dependent children of the insured *international* students at the University of Louisiana at Lafayette, according to the following schedule.

The following WILL NOT be used in calculating the low bid.

	<u>SPOUSE</u>	<u>EACH DEPENDENT CHILD</u>
1. Fall & Spring Semesters	\$_____	\$_____
2. Summer Semesters	\$_____	\$_____

**All quoted prices to remain firm for the length of the contract.**

---

**OPTION B - MANDATED AND OPTIONAL INSURANCE COVERAGE** - \$75,000 maximum major medical and required repatriation and relocation allowances.

**FOR COMPLIANCE WITH J - 1 INTERNATIONAL EXCHANGE VISITOR & J-2 DEPENDENTS AND OPTIONAL COVERAGE FOR THE F-1 NON-IMMIGRANT INTERNATIONAL STUDENT AND THEIR DEPENDENTS**

The following **will not** be used in calculating the low bid.

	<u>J-1 / F-1</u>	<u>Spouse</u>	<u>Each Dependent Child</u>
1. Fall & Spring Semesters	\$_____	\$_____	\$_____
2. Summer Semester	\$_____	\$_____	\$_____

**Bidder is to submit a copy of the proposed optional policy when submitting bid.**

**All quoted prices to remain firm for the length of the contract.**

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## **CRITERIA TO BE USED IN DETERMINING AWARD:**

1. Bidder confirms to all material in respect to the invitation and Instructions to Bidders.
  2. The University will not be required to accept the lowest bid. In addition to gross premium, financial strength of the company and coverage rendered will serve as a basis for award of the contract.
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## **ADDITIONAL COVERAGE NEGOTIATIONS:**

In December of each year, the University may choose to negotiate additional coverage with the successful vendor. These negotiations may be discussed between a University representative and the successful vendor but will require final approval of the President.

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FIRM NAME: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

(By signing this proposal, proposer certifies compliance with L.R.S.39: 1594, Act 121 of 1997)

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_

DATE: \_\_\_\_\_